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The Influence of Structured Physical Activity and Family Support on Mother's Readiness to Face Childbirth in the Independent Practice of Midwife Mila Ba'diawati Serang Banten

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ABSTRACT

The data shows a downward trend in the MMR indicator (per 100,000 live births) from 390 in 1991 to 230 in 2020 or a decrease of -1.80 percent per year. Despite the decline, MMR still has not reached the 2015 MDGs target, which is 102 and the 2030 SDGs, which is less than 70 per 100,000 live births. On the IMR indicator, data shows a downward trend from 68 in 1991 to 24 in 2017 or a decrease of -3.93 percent per year. Similar to MMR, the reduction rate for IMR has not reached the 2015 MDGs target of 23 and the 2030 SDGs target of 12. The purpose of this study was to determine the Effect of Structured Physical Activity and Family Support on Mother's Readiness to Face Childbirth at the Independent Practice of Midwife Mila Ba'diawati Serang Banten Year 2022. This research method uses an analytical survey with a cross sectional design. The sample in this study were third trimester pregnant women as many as 32 respondents, the sampling technique was total sampling. Data analysis using chi square. The results of the study showed that there was a significant relationship between structured physical activity ($0.011 < 0.05$), family support ($P\text{-Value} < 0.022$) with readiness for childbirth at Midwife Mila Ba'diawati Serang Banten Independent Practice in 2022. So that this research is expected to be able to provide education and information about readiness for labour.

Keywords: structured physical activity, family support, readiness for childbirth.

PRELIMINARY

Normal delivery is labor with a head-to-head presentation of the fetus that takes place spontaneously with a duration of labor within normal limits, low risk from the beginning of labor to parturition with a gestational mass of 37-42 weeks. Childbirth is the process by which the baby, placenta and amniotic membranes leave the mother's uterus. Childbirth is considered normal if the process occurs at term gestational age (after 37 weeks) without any complications (JNPK-KR, 2017).

According to the World Health Organization (WHO) estimates that 800 women die every day due to complications of pregnancy and childbirth. About 99% of all maternal deaths occur in developing countries. Approximately 80% of maternal deaths are due to increased complications during pregnancy, childbirth and after delivery (WHO, 2018)

According to the 2017 World Health Organization (WHO) report, the Maternal Mortality Rate (MMR) in the world is 305 per 100,000 live births, the Maternal Mortality Rate (MMR) in developing countries is 230 per 100,000 live births and the MMR in developed countries is 16 per 100,000 live births. The Maternal Mortality Rate (MMR) in East Asia is 33 per 100,000 live births, South Asia is 190 per 100,000 live births and West Asia is 74 per 100,000 live births. The causes of maternal death in the world are pre-existing conditions 28%, hypertension in pregnancy 14%, abortion complications 8%, bleeding 27%, infection 11%, prolonged labor and others 9%, and blood clots (embolism) 3% (World Health Organization, 2018).

According to the World Health Organization (WHO) in 2017 the Infant Mortality Rate in the world was 34 per 1,000 live births, the Infant Mortality Rate in developed countries was 5 per 1,000 live births, the Infant Mortality Rate in East Asia was 11 per 1,000 live births, the Infant Mortality Rate in Asia South 43 per 1,000 live births, Southeast Asia Infant Mortality Rate 24 per 1,000 live births. Causes of infant mortality are asphyxia (difficulty breathing), immaturity, infection, low birth weight (LBW), premature (World Health Organization, 2018).

The data shows a downward trend in the MMR indicator (per 100,000 live births) from 390 in 1991 to 230 in 2020 or a decrease of -1.80 percent per year. Despite the decline, MMR still has not reached the 2015 MDGs target, which is 102 and the 2030 SDGs, which is less than 70 per 100,000 live births. On the IMR indicator, data shows a downward trend from 68 in 1991 to 24 in 2017 or a decrease of -3.93 percent per year. Similar to MMR, the reduction in IMR has not reached the 2015 MDGs target of 23 and the 2030 SDGs target of 12. In the midst of the COVID-19 pandemic, maternal and infant mortality rates have soared. The maternal mortality rate increased by 300 cases from 2019 to around 4,400 deaths in 2020 while infant mortality in 2019 was around 26,000 cases, an increase of almost 40 percent to 44. (Arlinta, 2021).

The number of maternal deaths in Banten Province in 2020 is 237 people. The causes include hypertension, bleeding, circulatory system disorders, infections, metabolic disorders, others. (Banten Provincial Health Office, 2020). The number of infant deaths in Banten Province in 2020 is 1,068 people. The causes include Low Birth Weight (LBW), asphyxia, neonatal tetanus, sepsis, congenital abnormalities and others. (Badan Pusat Statistik, 2021)

The delivery process can be influenced by five things, namely Power, Passage, Passenger, Psychic of the mother giving birth, and Birth attendant. Until now what can be controlled is the problem of energy or power, which is increased by pregnancy exercise. Exercise or exercise during pregnancy has a positive effect on cervical dilatation and coordinated uterine activity during labour, it is also found that the onset of labor is earlier and the duration of labor is shorter compared to those who do not continue pregnancy exercise. Pregnancy exercise can help with childbirth so that mothers can give birth without difficulty, and keep mothers and mothers healthy after giving birth (Saragih, 2017).

The delivery process requires physical and mental preparation from the mother in order to get a safe and smooth delivery. Various methods have been carried out for the sake of safe and smooth delivery, including those carried out since pregnancy, including doing pregnancy exercises. This is clearly a very serious problem that must be considered by health workers to improve the seriousness of the problem. One of the smooth delivery programs is pregnancy exercise. Exercise or exercise during pregnancy has a positive effect on cervical dilatation and coordinated uterine activity during labour, it is also found that the onset of labor is earlier and the duration of labor is shorter compared to those who do not exercise during pregnancy. (Saragih, 2017).

Childbirth is a frightening condition, especially for mothers who are experiencing labor for the first time. Preparations made during pregnancy have not been able to guarantee the mother to be ready for childbirth. Negative images are often complained of appearing in mothers near the time of delivery (Handayani, 2015). Stress that occurs before delivery will trigger anxiety in birthing mothers. Anxiety during labor will result in inadequacy of his so that it affects the opening of the cervix that occurs. Delay in the opening of the cervix will have an impact on lengthening the required delivery time which will ultimately endanger the condition of the mother in labor because she has to face labor that is getting longer and draining a lot of energy. (Ilimiasih, 2014)

One effort that has been developed to reduce the risk of anxiety during labor is to bring mothers closer to people they trust. One person that a maternity mother can trust is her husband. The national program developed by the Ministry of Health of the Republic of Indonesia is to involve husbands during childbirth. This is also part of the practice of family support during pregnancy, childbirth and the postpartum period. The main purpose of involving the husband in childbirth is in addition to growing the soul of a father who sees directly the birth experienced, also to help mothers in childbirth because indirectly the presence of the husband will improve the psychological condition of the mother in labor and the mother in labor will be a little ready to face labor.

Based on the results of a survey at Mila Ba'diawati's Independent Midwife Practice, 7 out of 10 pregnant women who consulted said they were afraid of facing the birth process even though they had experienced the process, because each birth was said to be different. In addition, 5 out of 10 pregnant women said they had never done pregnancy exercise, only did daily physical activities such as sweeping, mopping and thought it was a structured activity.

From the results of the interview, the researcher felt interested in exploring this problem and conducted research entitled *The Influence of Structured Physical Activity and Family Support on Mother's Readiness to Face Childbirth at the Independent Practice of Midwife Mila Ba'diawati Serang Banten in 2022.*

RESEARCH METHODS

This type of research is an analytic survey with a cross-sectional design. The population used in this study were pregnant women in the third trimester of independent practice midwife Mila Ba'diawati as many as 32 people with a total sampling technique. The inclusion and exclusion criteria in this study are:

- a. Inclusion criteria
 - 1) Third trimester pregnant women
 - 2) Able to read and write
 - 3) Physically and mentally healthy
- b. Exclusion Criteria

This research was conducted from October to December 2022 at the Independent Practice of Midwife Mila Ba'diawati. Data were obtained through primary and secondary data with instruments in the form of questionnaires which had previously been tested for validity and reliability. Data processing in this study includes editing, coding, data entry and cleaning. Data Analysis Techniques with univariate analysis and bivariate analysis where data testing was carried out using the chi square statistical test aiming to see the relationship between the independent variables and the dependent variable through the help of SPSS version 24.0.

RESEARCH RESULT

1. Univariate analysis Preparedness for Childbirth

Table .1
Frequency Distribution of Preparedness for Childbirth

No	Preparedness for Childbirth	Amount	Percentage, (%)
1	Well	22	68.8
2	Not enough	10	31,3
	Total	32	100.0

Table .1 shows that the majority of respondents with good readiness for childbirth with a total of 22 respondents (68.8%) while respondents with less readiness for childbirth were 10 respondents (31.3%).

Table .2
Structured Physical Activity Frequency Distribution

No	Structured Physical Activity	Amount	Percentage (%)
1	Yes	17	53.1
2	Not	15	46.9
	Total	32	100.0

Table .2 shows that the majority of respondents with structured physical activity are Yes with a total of 17 respondents (53.1%) while there are no respondents with structured physical activity as many as 15 respondents (46.9%).

Table .3
Family Support Frequency Distribution

No	Economic Status	Amount	Percentage (%)
1	Well	16	50.0
2	Not enough	16	50.0
	Total	32	100.0

Table .3 shows that the majority of respondents have good family support with a total of 16 respondents (50.0%) while there are 16 respondents (50.0%) with less family support.

2. BIVARIATE ANALYSIS

Table .4
The Relationship between Structured Physical Activity and Delivery Preparedness in the Independent Practice of Midwife Mila Ba'diawati Serang Banten in 2022

No	Struc tured Physi cal Activ ity	Labor Readiness				Amount		P Va lu e	OR 95% CI
		Well		Not enough					
		f	%	f	%	N	%		
1	Yes	15	88.2	2	11,8	17	100	0.011	8,571 1,430- 51,362
2	Not	7	46,7	8	53,3	15	100		
Total		22	68.8	10	31,3	32	100		

Table .4 shows that the majority of respondents with good delivery readiness categories were respondents who carried out structured activities during pregnancy as many as 15 respondents (88.2%) while the respondents with good delivery readiness were mostly respondents who did not carry out structured activities during pregnancy as many as 2 respondents (11, 8%). Respondents with less readiness for childbirth were the majority of respondents who carried out structured activities during pregnancy as many as 8 respondents (53.3%) while respondents with less readiness for childbirth were mostly respondents who did not carry out structured activities during pregnancy as many as 7 respondents (46.7%).

From the statistical test to determine the relationship between structured physical activity and readiness for labor, it was carried out using the Chi Square test, which obtained P-Value = 0.011 (P-value <). This means that H0 is rejected and Ha is accepted, thus indicating a significant relationship between structured physical activity and readiness for childbirth at the Independent Midwife Practice Mila Ba'diawati Serang Banten.

In this study, the OR = value was obtained 8.571 with a 95% CI (1.430-51.362), so it can be concluded that pregnant women who do structured physical activity have an 8.5 times chance to have good delivery readiness compared to pregnant women who do not do structured physical activity.

Table .5
The Relationship between Family Support and Delivery Readiness in the Independent Practice of Midwife Mila Ba'diawati Serang Banten Year 2022

No	Family support	Labor Readiness				Amount		P Value	OR 95% CI
		Well		Not enough					
		f	%	f	%	N	%		
1	Well	1	87.5	2	12.5	16	100	0.022	7,000 1.185- 41.359
2	Not enough	8	50.0	8	50.0	16	100		
Total		2	68.8	10	31,3	32	100		

Table .5 shows that the majority of respondents with good birth readiness category were respondents who received good family support during pregnancy as many as 14 respondents (87.5%) while the respondents with good delivery readiness were mostly respondents who received less family support during pregnancy as many as 2 respondents (12.5 %). Respondents with less readiness for childbirth were the majority of respondents who received good family support during pregnancy as many as 8 respondents (50.0%) while respondents with less readiness for childbirth were mostly respondents who received less family support during pregnancy as many as 8 respondents (50.0%) .

From the statistical test to determine the relationship between family support and readiness for childbirth, it was carried out using the Chi Square test to obtain P-Value = 0.022 (P-value < .). This means that H₀ is rejected and H_a is accepted, thereby showing a significant relationship between family support and delivery readiness at the Independent Midwife Practice Mila Ba'diawati Serang, Banten.

In this study, the OR = value was obtained 7,000 with a 95% CI (1,185-41,359), so it can be concluded that pregnant women who receive good family support have 7 times the chance to have good delivery readiness compared to pregnant women who receive less family support.

DISCUSSION

Preparedness for Childbirth

The results of the analysis showed that the majority of respondents with readiness for childbirth were good with a total of 22 respondents (68.8%) while respondents with less readiness for childbirth were 10 respondents (31.3%). This research is in line with research entitled The Relationship between Husband's Support and Delivery Readiness in Teenage Pregnant Women in Sukowono, Jember, that the readiness for delivery in teenage pregnant women in the working area of the Sukowono Health Center is in the ready category as many as 20 people (58.8%).

According to Slameto (2010) readiness is the overall condition of a person or individual that makes them ready to respond or answer in a certain way to a situation. Adjustment at one time will affect the tendency to respond.

According to Harumawati (2012), states that in childbirth there are four things that need to be prepared, one of which is physical preparation, preparation for childbirth includes activities such as walking in the morning, or other household activities, and adequate rest is also a physiological preparation needed by the mother. Knowing good straining and breathing techniques can also facilitate and provide calm in the labor process (Isnandi dalam Harumawati, 2012).

Structured Physical Activity

The results of the analysis show that the majority of respondents with structured physical activity are Yes with a total of 17 respondents (53.1%) while there are no respondents with structured physical activity as many as 15 respondents (46.9%).

Physical activity is any body movement that requires energy to do it. Meanwhile, sport is a physical activity that is planned and structured and involves repeated body movements and aims to improve physical fitness (Farizati in Khomarun, 2013). Physical activity is any body movement that increases energy and energy expenditure or burns calories (Kemenkes RI, 2015).

According to the researcher's assumption, structured physical activity is very much needed for pregnant women to face the birth process, because the mother's needs when preparing for childbirth are not only limited to finances, but physical readiness is also very much needed through pregnancy exercise.

Family support

Table 5.3 shows that the majority of respondents have good family support with a total of 16 respondents (50.0%) while there are 16 respondents (50.0%) with less family support. In contrast to the study entitled The Relationship between Husband's Support and Childbirth Readiness for Teenage Pregnant Women in Sukowono, Jember, that husband's support for teenage pregnant women in the working area of the Sukowono Health Center was mostly in the category of less husband support, 19 people (55.9%) (Farida et al., 2019).

Family support is defined from social support. The definition of social support is still being debated and even causing contradictions (Yanuasti, 2017). Social support is often known by another term, namely emotional support in the form of sympathy, which is evidence of affection, concern, and a desire to listen to other people's complaints. A number of other people who have the potential to provide this support are referred to as significant others, for example as a wife the significant other is husband, children, parents, in-laws, and siblings.

According to the researcher's assumption, the support given by the husband/family to the mother can lead to inner peace and feelings of pleasure so that it creates a positive attitude towards herself and her pregnancy and feels herself capable and ready to face the birth process she will face.

The Relationship between Structured Physical Activity and Labor Preparedness

The results showed that the majority of respondents with a good birth readiness category were respondents who carried out structured activities during pregnancy as many as 15 respondents (88.2%) while the respondents with good delivery readiness were mostly respondents who did not carry out structured activities during pregnancy as many as 2 respondents (11, 8%). Respondents with less readiness for childbirth were the majority of respondents who carried out structured activities during pregnancy as many as 8 respondents (53.3%) while respondents with less readiness for childbirth were mostly respondents who did not carry out structured activities during pregnancy as many as 7 respondents (46.7%). From the statistical test to determine the relationship between structured physical activity and readiness for labor, it was carried out using the Chi Square test, which obtained P-Value = 0,011 (Pvalue <). This means that H₀ is rejected and H_a is accepted, thus indicating a significant relationship between structured physical activity and readiness for childbirth at the Independent Midwife Practice Mila Ba'diawati Serang Banten. In this study, the value of OR = 8.571 with a CI of 95% (1.430-51.362), so it can be concluded that pregnant women who do structured physical activity have 8.5 times the chance to have good delivery readiness compared to pregnant women who do not do physical activity structured.

Physical activity is the movement of limbs that expend energy to maintain physical and mental health, maintain quality of life to stay healthy and fit. If the physical activity carried out by pregnant women is carried out routinely and directed, the delivery process becomes smooth and comfortable, so that it will reduce the incidence of death for pregnant women and childbirth. Pregnancy exercise is exercise that is performed to prepare and train the muscles so that they can be utilized to function optimally during normal delivery (Manuaba, 2010). Pregnancy exercise is part of antenatal care at certain health service centers, such as hospitals, health centers, clinics or other health services (Safi'i, 2010)

In line with the research entitled The Effect of Pregnancy Yoga Exercises on the Readiness of Pregnant Women to Face Childbirth at RSIA Limijati Bandung, the statistical test results obtained that there was a difference between pregnant women who participated in pregnancy yoga exercises and those who did not take part in pregnancy yoga exercises on readiness for childbirth, or there was a relationship between pregnant women who do pregnancy yoga exercises on readiness for childbirth ($p=0.014$; $\alpha=0.05$; $CI=95\%$). Pregnant women who do yoga during pregnancy are 3.04 times more prepared for childbirth when compared to pregnant women who do not do yoga during pregnancy (OR=3.04) (Rusmita, 2015).

According to the assumptions of researchers, structured physical activity is a term from planned and sustainable sports. Today there is information related to exercise that is done during pregnancy, one of which is pregnancy exercise. Pregnancy exercise has many benefits for pregnant women when done regularly, pregnancy exercise makes the mother physically ready for the birth process. Currently, pregnant women exercise has been widely carried out both in government and private service centers through pregnant women classes. In a series of activities for pregnant women classes, one of them is the pregnancy exercise program that every pregnant woman can participate in.

Relationship of Family Support with Labor Readiness

Table 5.5 shows that the majority of respondents with good birth readiness category were respondents who received good family support during pregnancy as many as 14 respondents (87.5%) while the respondents with good delivery readiness were mostly respondents who received less family support during pregnancy as many as 2 respondents (12.5 %). Respondents with less readiness for childbirth were the majority of respondents who received good family support during pregnancy as many as 8 respondents (50.0%) while respondents with less readiness for childbirth were mostly respondents who received less family support during pregnancy as many as 8 respondents (50.0%) . From the statistical test to determine the relationship between family support and readiness for childbirth, it was carried out using the Chi Square test to obtain P-Value = 0.022 (P-value <). This means that H₀ is rejected and H_a is accepted, thereby showing a significant relationship between family support and delivery readiness at the Independent Midwife Practice Mila Ba'diawati Serang, Banten. In this study, the value of OR = 7,000 with a CI of 95% (1.185-41.359), so it can be concluded that pregnant women who receive good family support have 7 times the chance to have good delivery readiness compared to pregnant women who receive less family support.

Family support, especially the husband plays a very important role in maintaining or maintaining a person's integrity both physically and psychologically. Someone in a state of stress will seek support from others so that with this support, it is hoped that it can reduce stress (anxiety). In addition to playing a role in

protecting a person against sources of stress, husband's support also has a positive influence on the health condition of pregnant women. Someone with high family support will be able to handle stress well. Family support involves a network that is wide enough to have a positive impact that is directly beneficial to one's health and well-being and can reduce anxiety and helplessness. Family support (husband) can modify a person's reaction to anxiety stressors after making previous assessments. People who do not get support from their families have a high tendency to experience the negative effects of stress (anxiety) (Jannatun, 2019). Family support (husband) can modify a person's reaction to anxiety stressors after making previous assessments. People who do not get support from their families have a high tendency to experience the negative effects of stress (anxiety) (Jannatun, 2019). Family support (husband) can modify a person's reaction to anxiety stressors after making previous assessments. People who do not get support from their families have a high tendency to experience the negative effects of stress (anxiety) (Jannatun, 2019).

In line with Arifin's research (2017) that family support for pregnant women's anxiety in facing the birth process is highly expected by a pregnant woman in facing the birth process, with good family support it will reduce stressors in pregnant women so that the delivery process is smoother and faster without causing complications. Karton (2018) suggests that a mixture of feelings experienced by pregnant women, namely fear, love and hate, doubt and certainty, anxiety and happiness, hope and anxiety, all of which intensify and reach a climax in the last weeks before the birth. baby.

This is also in line with the research entitled *The Relationship between Husband's Support and Childbirth Readiness in Adolescent Pregnant Women in Sukowono*, Jember that the statistical results using the Spearman correlation test obtained p value = 0.000 which means that H_a is accepted so that it can be interpreted that there is a correlation between husband's support and childbirth readiness (Farida et al., 2019).

According to the researcher's assumption that family support is an important factor for pregnant women, both during the course of their pregnancy and even to the process of facing childbirth, family support will be a strength for the mother because she feels what she will experience will have an impact on what her family feels. Family support will be a measure of the readiness of pregnant women in facing childbirth, through the advice and information received by pregnant women, this will motivate the mother so that the mother will feel ready for the support given. In this study, some mothers received good support from their families where the average mother was pregnant in her first pregnancy, while there were some pregnant women who felt they did not receive enough support because it was not their first pregnancy, so they felt the support they received was lacking.

CONCLUSION

Based on the results of the study, there is a significant relationship between structured physical activity and readiness for childbirth at the Independent Practice of Midwife Mila Ba'diawati Serang Banten in 2022 with P -Value = 0.011 (P -value <). There is a significant relationship between family support and delivery readiness at the Independent Practice of Midwife Mila Ba'diawati Serang Banten in 2022 with P -Value = 0.022 (P value <).

SUGGESTION

It is hoped that the results of this study will be used as input in order to improve the quality of services, especially in health promotion activities regarding the health of pregnant women in the context of childbirth. It is also hoped that in the future it will be able to innovate by holding mother class activities which in their activities carry out scheduled pregnancy exercises according to the needs of pregnant women. Besides that, it is hoped that the owner can update his knowledge by participating in training such as pregnancy exercise training, yoga and so on which can improve the quality of service in the midwife's independent practice.

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